

GOOD REMEDIES—OUT OF FASHION

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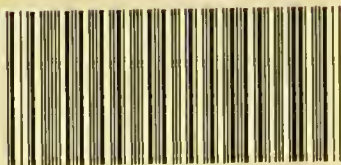
DR HARE

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# GOOD REMEDIES—OUT OF FASHION.

BY

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The following Address was delivered at the Annual Meeting of the Metropolitan Counties Branch of the British Medical Association in July, and soon afterwards it appeared in the pages of "The British Medical Journal."

Several professional friends who either heard the Address or have since read it, have already, in this short period, done me the honor of saying that they have adopted and acted upon some of the principles I have suggested, and not a few have very kindly expressed their desire that it should appear in a more permanent form.

With this wish I the more willingly comply, because I feel *very* strongly the importance of the views which I have endeavoured to express—and my most sincere hope is that they may have at least some influence in modifying the current treatment of certain forms of disease and in reintroducing into practice a judicious use of some good remedies now out of fashion.

BERKELEY HOUSE,  
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## ADDRESS.

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MY first duty, which is a duty and pleasure alike, is to thank you most sincerely for the high honor and distinction you have conferred upon me in electing me President of this most important Branch of the British Medical Association. But while I feel the honor deeply, and know that it is one which might well be coveted by the most distinguished members of our profession—as, in fact, it has already been held by such—I am quite sensible that the position brings with it deep responsibilities, and that it behoves me to take good heed, not only that the welfare of the Branch suffer no deterioration during my term of office, but that, on the contrary, the ensuing year should be marked by at least the onward progress which has been the characteristic feature of this part of the Association under the guidance of my predecessors.

The sketch which has this afternoon been given you of the work of the past year proves how many and how varied are the subjects which come before,

and which are influenced by, this Branch; and though it has been the happiness of our friend here—my predecessor—to conduct not a few of these to a happy termination, some of them are of such a nature that no single year of office can possibly inaugurate and complete them. Great honor be to him for the devotion, as regards the time and labor, which he has given to the duties which a year ago he undertook; to the judiciousness with which he has presided over numerous most important meetings of the Branch; and to the great success with which he has conducted its affairs.

It is no small honor—it must be a source of gratification—to him, during his tenure of office, to have furthered the progress of medical reform, to have established two new Districts in connection with our Branch, and, above all, to have presided at the inaugural meeting establishing the system of the Collective Investigation of Disease—a magnificent success, the influence of which will go on still extending, and which will never be forgotten by those who heard or have since read the masterly and telling addresses on that occasion—I ought rather to call them orations—of Paget, of Gull, and of our most esteemed Vice-President, Professor Humphry.

But a position of this kind induces—nay, compels—me to pause and consider. This is, possibly enough, the last presidential chair I shall be called upon to fill, and my mind very naturally reverts to

the time when, then a very young man, and, indeed, too young for the honor, the kindness (and I suppose the wish to encourage me) of the members of the Harveian Society made me their president. This was so long ago as the year 1847, and the space of time thus bridged over amounts to fully more than five-and-thirty years. At that time, Sir Henry Holland and Chambers, Bright and Williams, Latham and Addison, Graves and Stokes, were in the full career of medical practice; the classical lectures of Watson were the text book—and a glorious one it was—on medicine; and at that time the clinical lectures of Todd, which were destined to produce so great a modification in treatment, were a thing of the future. Brodie, and Fergusson, and Liston were amongst those who divided between them the surgical honors of the metropolis.

It is excusable, perhaps, if one love to recall the names and the memories of those to whom one was indebted for one's knowledge in the earlier periods of professional life; and some of these names, and those of Quain, and Sharpey, and Graham and others, involuntarily rise up on an occasion of this kind. But as there were brave workers then, so there have been ever since, and every branch of our profession has made during the interval enormous strides forwards, enormous advances, of which the gains have been especially in regard to definite and well-based knowledge—to positiveness; not that

vague theories have not cropped up to live for awhile and then to die, as such theories always do, sooner or later; but still the solid matter-of-fact additions to our knowledge have never been excelled, and have scarcely been equalled, in any similar period of by-gone times.

All this is fully and frankly admitted, and I bow to and reverence the skill, and talent, and industry, and patient labor which have produced results so brilliant. But, unfortunately, there is no un-mixed good; and the very exhaustive way in which some diseases have been studied, and the widespread manifestations which they have been shown to have, lurking under and explaining symptoms and conditions with which they were before never suspected of being connected—all these circumstances have led men to attribute thoughtlessly to such causes almost every ache and pain and symptom with which they meet. You will of course associate with the most learned investigations into Gout and Syphilis the names of two of your former presidents; and their admirable works on these subjects have not only made the whole history and all the conditions of these diseases the common property of all medical men, but have so impressed men's minds—and I think their imaginations also—that they see these diseases everywhere, and loosely attribute to one or the other almost every pain and symptom—certainly every pain and symptom not otherwise easily explained—with which they meet.



If a diseased condition be relieved or cured by iodide of potassium or by mercury, such persons can never be persuaded, whatever the proof to the contrary, that the latter named affection is not at the root of, and is not the cause of all the symptoms and all the evils which have presented themselves; and if you have a wandering pain now-a-days, or a back-ache, or headache, or vertigo, or palpitation, or an eruption, or even a cough, or anything else whatever the matter with you, it is with such people, beyond doubt "gouty," the gout being, according to circumstances, latent or irregular, or metastatic, or Protean, or something else, but at any rate the patient is "gouty." Gentlemen, at present "gouty" is a fashionable word, the use of which at least sounds well and saves trouble, even if its careless use not unfrequently throws erroneous light upon a set of symptoms and upon many a case of disease. But is this right? Is this just? Is it conducive to the interests of our patients and of our noble profession to use—in many cases without a tittle of evidence, and in more without due consideration and simply because it is the fashion to do so—to use, I say, thus vaguely and loosely such important, and what ought to be such definite, terms? I have often heard intelligent patients themselves protest that they could not understand how Dr. So-and-so could call their Bronchitis or some such affection "decidedly gouty," when there never was a case of gout in

their family, and when they themselves never had an apparently gouty symptom. And I would protest too. For I weigh my words carefully when I say that not one quarter of the cases (and I might use a still smaller fraction) I come across and which have been declared to be "gouty," could by any fair, clear and positive evidence whatever be proved to be of that nature. And I rather incline to the view that the term "Arterial Tension" has of late been employed with too convenient a looseness, especially as the confident, off-hand assertion of its presence is a statement not easily refuted: for the presence or not of the condition is, in many cases, rather a matter of opinion than of demonstration; and opinions, alas! have a sad tendency to be warped by pre-conceived views and by theories. I also fear that our newer acquaintances the "Bacilli" (intensely important and interesting as I deem the recent discoveries respecting them to be) will, according to present appearances, be soon enthusiastically credited with being *the* one thing responsible for and explaining an infinity of most diverse conditions and most unlike diseases whether their relation to these be actually proven or not. Let us then be heedful in our phraseology, and let us not use for the sake of fashion words which mislead and which are therefore, when so used, not true.

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But sometimes with us not only do things come into, but they also go out of fashion; and, remem-



bering as I do the days of yore, I think that, deluged as we now are with so-called new remedies, such as hydrastin, iridin, sanguinarin, baptistin, glonoin, gelsemin, euonymin, mucuna, muscarin, the quack "chlorodyne" (of which I never in my life prescribed a single dose), eucalyptin, thymol, ingluvin, asclepedin, and a host of others, the advertisements of which fill the pages of our journals—I think that some valuable plans of treatment have been allowed to fall into disuse, and that there are such things as "good remedies out of fashion." May I tell you my views on some of these?

Some whom I address will, without doubt, say to themselves, especially as regards certain points of practice which I urge, "Why, under such circumstances, that is exactly what I should do myself, and what has always been my practice." To each of those I would say: "My brother, I am delighted and thankful to have my views confirmed by your experience; help me to spread more widely the principles and the practice which I believe to be fraught with good, and may we long be workers together in the same harvest-field." But I know too well that I am addressing some, especially the younger members of the profession, who will look upon these things as some strange and new doctrine, or as prejudices clinging to me from my earlier days, or as antiquated customs of which the progress of modern science has shown the futility or the wrongness. To such I would say: "My bro-

ther, take my words only as suggestions; weigh them impartially, and think these matters over from a different standpoint to that from which you have been accustomed to view them. If, then, you do not see as I do, you will, I know, look kindly on my convictions, and believe that, like yourself, I desire the welfare of those placed under our care. But if you should concur in my views, you will find yourself armed, I believe, with weapons which, if they have thus far lain by idle, will be found, when drawn from the scabbard, to be made of true and trusty steel."

Let me premise, however, with reference to fluctuations in plans of treatment and of diet, that the period to which I have alluded has seen the rise and the subsidence of the wild mania for giving ALCOHOL in some form or other, in almost every kind and in almost every case of disease, and is now witnessing the rising into favour of the more rational plan of giving nourishment extensively in the mild and bland, and usually easily digested, form in which Nature provides it—MILK.

I well remember the time, twenty to twenty-five years ago, when alcohol-giving was so rampant, that it was difficult to see a patient who had been a few hours in the hospital before the time of one's visit, who had not already been put, almost as a matter of course, by the physician's-or clinical-assistant, on three or four ounces of brandy, or on double that amount of wine; and because I would

not give way to that alcohol-craze, and ventured to show that many serious diseases might be cured with the administration of little or no alcohol, I was considered (I well remember) the most unorthodox of teachers, if not something worse than that. I have always held, and still hold as firmly as anyone does, that alcoholic stimulants are in some cases most valuable remedies, and I would not practise my profession if I might not use them when and where I deem them needful. But I always preached against the foolish, and I would almost say wicked, use of alcohol which was common some years ago; and, over and over again, I have said, in my clinical lectures at that time, that the students I addressed would live to see the day, even if I did not, when the pendulum of opinion would swing in the opposite direction, and when alcohol would be decried almost as much as it was then being overpraised. It is not always, Gentlemen, that a prophet lives to see so completely the fulfilment of his own sayings when they foretell a revolution so complete. May a calm judgment guide herein our noble profession, and, while we give up the routine and indiscriminate use of the remedy, may we better know how and when to employ it for the benefit of those whose lives are in our hands!

It is within the knowledge of all of us, then, that a most marked change has, comparatively recently, taken place as regards this most impor-

tant question of alcohol-giving, and in the belief as to its necessity : our every-day experience, the tone of medical debates, the common current of conversation, all bear evidence in the same direction ; but it is almost impossible to treat evidence of this kind, or even the results of private practice, statistically, or to reduce them to a clear tabular form ; but it occurred to me that the hospitals might give more definite information. I applied, therefore, to the secretaries of the large metropolitan clinical hospitals, and have received, from all excepting two, replies containing most interesting, important, and valuable facts, to select and extract which from their books must, I am sure, have cost these gentlemen no small amount of time and trouble. I thank them most sincerely for their courtesy, and have pleasure in thus publicly expressing my obligations to them.

I trust that the tables which I have thus been enabled to construct will interest you. They place, I think, in a more trenchant and striking light than anything else with which I am acquainted, the rise and fall of excessive alcohol-giving ; and it is worthy of remark, as shewing the influence and (may I say ?) contagiousness of custom, how very uniform in point of time this rise and fall has been in almost all the hospitals. You must not consider, however, even these tables as giving more than an approximative idea as to the amount of alcoholic drinks consumed by the hospital-patients, because



it is impossible to eliminate from the totals the amount taken by the servants, nurses, and others; however, in some cases the wine and spirits are separately named, and it is reasonable to suppose that the working staff would be allowed but very little of these, and that therefore the amount stated represents very closely that used by the patients alone.

You will see, therefore, how rapid was the increase in the use of alcohol between the years 1852 and 1862, and indeed, in many cases up to the year 1872; and you cannot fail to trace therein the great influence of the teaching and writings of Dr. Todd, and especially of his views on the "Treatment of Acute Diseases." You see also that even where there was some diminution in the use of alcohol (I refer for the reason above given chiefly to the "wine and spirits" column of Table 1) between the years 1862 and 1872, the difference was not, generally speaking, large; but when the wrongness and the evils of this excessive use of stimulants began to force themselves upon men's minds, and, thanks to this and to the careful, prudent, and honest energy of Parkes, a change of practice occurred, the consumption of alcohol diminished so much as to show in 1882 a most remarkable reduction in the cost of wine and spirits in all the hospitals (except St. George's) from which I have received returns. Thus (without making corrections for the somewhat increasing number of beds), the cost of wine and

spirits consumed every tenth year, from 1852 to 1882, at Bartholomew's, was £496, £1,231, £1,446, and £953; at Middlesex, £215, £550, £413, and £353; at University College Hospital, £103, £305, £390, and, with a considerable addition of beds, £277; at Westminster, £208, £432, £367, and £137.

On the other hand, the use of milk has most rapidly increased in every hospital, without exception, and has replaced—I believe, greatly to the advantage of the patients—the alcohol in the treatment of disease. The quantity consumed in 1852 at St. Bartholomew's cost £684, and in 1882, £2,012; at Guy's, £236 and £1,488 respectively; at the London Hospital, £426 and £2,427; and so on.

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It is not long ago that, in a very urgent case of bronchitis, I advised the administration of an EMETIC; when the gentleman whom I had been called to meet in consultation said, “Why, I never gave an emetic to an adult in my life.” In former times, it was not unusual, on the contrary, to commence the treatment of many diseases with the administration of a dose to procure vomiting; and although the remedy might then be given sometimes indiscriminately and according to routine, only those who have seen the effects of emetics, properly and judiciously given, can conceive the beneficial effects they sometimes produce. In the



early stage of an attack of croup, it was by no means unusual to give an emetic of tartarised antimony or of ipecacuanha ; and it is in accordance with the recorded experience of some of the best authorities and most practical men, and quite consonant with my own experience too, that symptoms which presented the most certain augury of a severe attack were by these means cut short, the hoarse voice resumed its natural character, and the feverish symptoms were in a few hours relieved. I know quite well that a great fear is entertained by some as to the depressing effects of emetics ; but the fear is theoretical, and not practical, and those who have had most experience in the administration of them best know how groundless the fear is. In diphtheria, too, I have seen the false membranes which are out of the reach of local remedies, and which the patients cough and cough in vain, and utterly exhaust themselves to get quit of, readily brought up by the action of vomiting, to the immense relief of the sufferer.

In suffocative bronchitis, the effect of emetics is sometimes magical, and by their administration in such cases not only is immense relief given, but I verily believe—I am certain—that lives are saved. You are called to a patient who has been ill a few days, with increasing dyspnœa ; she is sitting up in bed (I draw from nature), for to lie down is impossible ; she is restless, and tossing about ; the lips, and indeed the whole face, blue ; the eyes

watery and staring, the pulse quick and small; the cough constant; the expectoration semi-transparent and tenacious; over every square inch of the chest, front and back, from apex to base, you find abundance of rhonchi; moist, sonorous and sibilant ones in the upper part of the lungs, and muco-crepitant or mucous *râles* towards the bases. Ammonia and stimulants, right and good in their way perhaps, in such a case are too slow in their action; the patient is, in fact, more or less slowly, more or less rapidly suffocating. An emetic of twenty-two grains of ipecacuanha in an ounce of water is given; in ten or fifteen minutes, the patient vomits and brings up a huge quantity of that tenacious mucus, and the whole aspect of the case is altered; the distressed countenance is relieved; the breathing is at once quieter; and the patient is able for the first time for the past twenty-four hours to lie moderately low in bed, and to get some sweet refreshing sleep. The patient is, in fact, rescued from the extremest peril, and in this case, and in many similar ones too, I believe, from otherwise most certain death. Of course, in such cases the emetic is not given for its effect on the stomach, but for its collateral effect in mechanically clearing out the enormous amount of secretion which accumulates in the bronchial tubes, and which the patient is otherwise quite incapable of getting quit of; and thus the half-choking, almost asphyxiated, condition is changed for one of com-

parative comfort, and time is gained for the action of other appropriate remedies. No doubt the secretion may, and often will, accumulate again ; and I have not hesitated again in bad cases to repeat the same good remedy ; but it is a fact, and a very positive one too, that, quite contrary to what those who have had no experience in the plan suppose, the system rallies instead of being more depressed under the action of the remedy ; and, in the language of one who had had thirty years' experience in the beneficial effects of ipecacuanha in emetic doses, it is, so administered, "a powerful restorative in some cases of exhaustion and sinking."\*

My object is not to write an essay on these remedies, nor even to name all the cases in which they may be useful ; such as where certain poisons have been taken, or where it is certain that a mass of hard and non-digested food gives rise to intense cramp and horrible pain in the stomach. In such cases, I have no doubt, any one would use so obvious a remedy, notwithstanding the statement of my friend above alluded to, that he had never in his life given an emetic to an adult. But I would wish to mention the great use of which they are, in the commencement of the treatment of many (perhaps most) cases of delirium tremens ; for they often themselves quieten the patient, and even produce, after their immediate effect, sleep ; while I firmly,

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\* Higginbottom, *Lancet*, 1845, June.

believe they materially curtail the duration of the disease, and render the effect of the other remedies more speedy and potent. It is consonant with experience and reason, that the absorption of remedies from a well cleaned-out stomach should be more rapid and efficient than when the stomach is full of half-digested food, and the coats covered with a morbid tenacious mucus; and, as a matter of fact, I know that, when opiates given largely have failed to produce the longed-for sleep, a moderate dose has had the desired effect after the free action of an emetic.

There is one form of stomach-affection or derangement, accompanied with much nausea and frequent vomiting, which is relieved, or rather cured, by the action of an emetic, with a rapidity and a certainty which attends no other remedy, or remedies, or plan of treatment whatsoever. A lady, aged 34, moderately stout, not specially unhealthy-looking, but with her complexion far from clear, had been ailing with various symptoms of indigestion for a couple of months; and for that time had been under the care of two medical men. She had considerable pains, of dull, heavy character, both at the epigastrium and between the shoulders, and these had rarely left her during her illness; but the discomfort was notably augmented after food of any kind. The eructations preceeding the sickness were often very abundant. She had scarcely any appetite whatever. She had much and constantly recurring



nausea, and, for nearly a month, had *not passed one single day without vomiting*. The sickness often came on suddenly, sometimes after food, but very frequently when no food had been taken. She always brought up more or less of a ropy mucus, and very frequently, especially towards the end of the retching, the ejecta were very acid; often the quantity brought up was very small, though the retching might be long-continued. There had been no hæmatemesis, and the vomited matter had not presented any sarcinous characters. I wish particularly to observe, that both the nausea and her headache, which was one of her very distressing symptoms, were always relieved for a time by the vomiting. This "sick headache," though affecting the whole head, was almost always most acute in one or the other temple, where it occupied the space of a half-crown or crown-piece, and was accompanied by a distressing throbbing of the same part. The various remedies she had taken had entirely failed to influence her condition for good, and, so far as her chief symptoms at least were concerned, had been entirely ineffectual. Not to trouble you with a further detail of symptoms, I may add that, on further examination, I satisfied myself that there was no ulceration of the stomach, nor any other organic disease. The renal functions were practically right; there was no extraneous cause to account for the persistent sickness and the other accompanying symptoms. In fact, this fell into the

category of cases of which I have seen scores, and which are, doubtless, perfectly familiar to every one here present. Well, under these circumstances, I ventured with confidence to promise her that she should be sick only once more—namely, that evening; and that, on that occasion, the sickness would be of my producing. Accordingly, I prescribed for her an emetic of twenty-two grains of ipecacuanha; and directed that she should take nothing whatever after the draught until she had been at least once thoroughly sick. She was then to drink a tumblerful or two of warm water, which would also before long be brought up, and would thus wash out pretty completely the stomach. An hour after that, food, in the form of boiled milk, might be taken. All this was done. A large amount of the ropy mucus and intensely acid secretion, to which I have already referred, was vomited; and, though she remained under my observation for about three weeks, she had *not one single return* of the vomiting. The pain between the shoulders, and that in the head, were removed; and she was practically cured by that single dose.

Now, in these cases, the sickness, I believe, depends upon the stomach secreting a morbid matter, which, on the one hand, causes fermentation of whatever food is put into it; and, on the other, by its irritation of the sympathetic system, causes the reflex headache—paradoxically speaking, the patients may be said not to have a headache, but a



“stomach-ache in the head.” Nature, then, tries to get rid of the irritating secretion, and so causes the patient to vomit. The action is, however, only partially effective; but, for the time, the patient gets notable relief from all the symptoms, only, however, that they may recur again when more of the ferment is secreted by the stomach, and when fresh food is taken. Now, the emetic does thoroughly and efficiently what nature, for perhaps a month past, has been trying to effect; its action is mainly, in the curative point of view, mechanical; the stomach is not only emptied of the morbid secretions it contains, but the gastric follicles are thoroughly squeezed out, and, no more ferment remaining, no more sickness occurs. I have cured a vast number of cases (for, as I have said, they are very common) in this way; the plan is reasonable, and in right cases, it is very sure. It is not an instance of *similia similibus curantur*, as might at first glance appear to be the case, but exactly the reverse; if we acted on that principle, we should give remedies to increase the morbid ferment; but in this we give a remedy which removes the cause, and forthwith the effect ceases. The yeast is thoroughly cleared out of the vat, and new wort being put into it, no longer is the fermentative process set up.

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If there be one single remedy which Nature or art has given us, more thoroughly, more widely,

more universally useful than others, it is OPIUM; and I could well fill the time allotted to me by recalling to your memory cases in which it was formerly much more used than now, and modes of its administration which are no longer in fashion, yet which were, withal, good. Dover's powder, comparatively rarely prescribed at present, was at one time almost a popular remedy; and a diaphoretic and sedative dose of it (especially, in some cases, combined with James's powder), taken at bedtime has, times without end, cut short, in their early stages, attacks of catarrh, which, with all their disagreeables, are nowadays allowed to run their course.

There is in the world a great deal of what I am accustomed to call "needless, useless coughing." Where secretion takes place into the bronchial tubes, it *must* sooner or later be brought up; and for this purpose some "necessary" coughing must take place, or the patient will choke. But, both in organic diseases and in slight inflammatory or irritative affections of the air-passages, there is often an immense amount of useless coughing—useless, that is, as regards bringing up any laryngeal or bronchial secretion; and far worse than useless, because it wears out the patient, prevents sleep, and, moreover, increases the condition which gives rise to it, inasmuch as it lets the affected parts have no rest or peace. Now, the effects of opium are both local and general; and if in mucilage of acacia,

or tragacanth, or in glycerine, or with a thick solution of *Confectio rosæ caninæ*, or honey, you give frequently from the one-fortieth to the one-twentieth of a grain of morphia, you not only give a marvellous amount of peace and comfort to your patient, but, where it is remediable, you tend also to cure the disease.<sup>1</sup> The coughing in pertussis may be similarly relieved.

Where there is lividity of the face, blueness of the lips, etc., from bronchitis, or any other cause, extreme care must be had in the use of opium; or it had, perhaps, in most such cases, better not be administered; but there is a form of bronchitis, characterised by special symptoms, into which I cannot now enter, but in which, though the patient has no difficulty in bringing it up, the secretion is very abundant, and produces constant coughing—in these cases, opium, owing to its power of diminishing secretion and allaying the cough, has a very positive and decidedly curative power. And, only to mention one more instance where the use of opium is neglected, I would allude to those terrible cases of cardiac dyspnœa, where rest and sleep for more than a few minutes together are impossible, and where the sufferings of the patient, in conse-

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<sup>1</sup> A favourite formula of mine, varied according to circumstances, is liq. morph. acetatis ℥ij; acidi nitrici dil. ℥iiss; oxymellis scillæ ℥vj; mucil. acaciæ ℥iiss; glycerini ℥ij; syr. rhœados ℥ij; aq. cinnam. (vel rosæ) ad ℥vj. M. To take one or two teaspoonsful, five, six, or seven times in the twenty-four hours.

quence, are far more intense than I can attempt to describe. I have seen patients allowed to go on day after day—and, worse still, night after night—in this wretched condition, and without alleviation, when a little opium would, without any danger, have relieved the intense distress, and have given the longed-for rest.

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With respect to PURGATIVES, there has not been that extreme variation in practice which has obtained with regard to some other remedies; but I think, notwithstanding, that the fashion of late years has been to neglect them *far too much*, although in one form or another they are, perhaps, the most universally applicable, and certainly amongst the most potent and most useful remedies we possess. The abandonment of their employment is excused, one hears again and again, owing to the fear of their producing “debility.”

Gentlemen, I believe that few words in the English language have produced so much harm as this word “debility.” Debility seems to be the *bête noire* of the present medical world. Men speak of it as if it were an entity, instead of its being, as in fact it is, an effect, a result; and it was often to counteract this state that, a few years ago, stimulants were so wildly given. It is disease which produces debility, and if these purgatives remove the morbid state, they often prove the most strengthening as well as the most health-giving of remedies.



“Talk about champagne,” said Byron, in one of his letters, “there is nothing which cheers your spirits up like a dose of Epsom salts.” And, in a sense, he was right. Seriously speaking, sulphate of magnesia is one of the best forms of saline aperients, and the old-fashioned stock-medicine of the surgery and of hospitals, the “*Mistura alba*,” has more cures due to it than will ever be achieved by a dozen of the new-fashioned remedies which have lately inundated the advertising pages of our journals. I say that Epsom salts have gone out of vogue, but a tacit compliment is notwithstanding constantly being paid to them, for people still find out the efficacy of the solutions which contain them, and they take our old friend in a more expensive form under the names of Friedrichshall, Hunyadi János, and Æsculap mineral waters.

I am quite aware of the experiments by which it has been proven, or said to have been proven, that mercurials are not cholagogues. Well, I cannot discuss that matter here; but this I know, that a good dose of calomel or blue pill given in the olden fashion, and followed by some sulphate of magnesia or other good saline purgative in the morning, will bring away copious motions of yellow-green or black matter, such as you do not get otherwise, and one feels after that, light, and buoyant, and bright, and with a head clear for work, a state such as one has not felt in, perhaps, for weeks before: the Melan-choly—the black bile—has been removed.

Another good old-fashioned purgative, but out of fashion now, is Cream of Tartar, one of the best of hydragogues, especially when combined with two or three grains of resin of jalap, and it is a remedy, too (when given in small doses and well diluted), under the name of Imperial Drink, scarcely surpassed by any as a diuretic.

I regret not being able to refer to sundry other remedies of this class, of which I have memoranda before me ; but as derangements of the digestive organs, in their various forms, constitute a large proportion of the ailments about which we are consulted in our daily practice, and are the source and root of a multitude of conditions and affections not at first sight associated with them, the field for the proper use of purgatives is extremely wide ; and I think it was not wise of the compilers of the present *Pharmacopœia* not to insert in it Abernethy's celebrated *Mistura Gentianæ Composita*, (which existed in the editions before 1864,) a warm aperient mixture, which contained about one-third part of senna ; most useful whether given alone or as the vehicle for other remedies, and which I trust will again appear when the new edition of the *Pharmacopœia*, now about to be commenced, is published.

Finally, I would urge that if, at present, more Aperients and fewer Tonics were given, more and speedier cures would, I am fully persuaded, be effected. "Remove the cause and the effect will cease," and in many cases where it is little sus-



pected, the cause of the varied symptoms lies in the morbid secretions in the *primæ viæ*, which have been, perhaps, long poisoning the system. If these be removed there is, in a vast number of such cases, strength and “spring” enough in the constitution to set all to rights without the aid of anything, or with the aid of but little, in the way of tonics; and in many cases, with the removal of the intestinal irritants, the “weakness” and “debility” rapidly vanish. I do not undervalue the use of tonics in fit and appropriate cases, but I would say “Oh, that men did but know the virtues which reside in three drachms of Epsom Salts!” \*

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Such fluctuations and such changes take place in opinion and in practice, in beliefs and in actions, that it almost seems as if the result of the experience of ages, instead of being engraven on the rocks, were written on the sands, and that the wave of fashion, sweeping over these, at once obliterates the inscriptions which ought to have been indelible. And so at one time the laws of our country are made absolutely cruel in their harshness, while at

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\* I consider the “Observations on the Utility and Administration of Purgative Medicines in several Diseases,” by JAMES HAMILTON, M.D., one of the most valuable volumes I have in my Library. It is a work now somewhat difficult to procure, but I strongly advise anyone who can, to possess himself of a copy. Mine is the eighth edition, and was published in 1833, by Edward Portwine, Medical Bookseller, Carthusian Street, Charter House Square.

another the sympathy of justice seems rather to protect the transgressors than to defend and justify the injured; and in things connected with religion the oscillations vary by turns from one extreme to the other. And changes scarcely less trenchant, scarcely less astounding, mark from time to time the course of our own good profession. Perhaps fashion, perhaps custom, may have had to do somewhat with the practice of former times as well as of the present; but I cannot believe, I do not believe, that the united testimony of the sages of our profession, for more than 2,000 years, bore witness to one continuous error, to a delusion and a lie. If there be one thing more clearly than another told by the consensus of their experience, it is that, in many cases, BLEEDING IN ONE FORM OR ANOTHER has, more than any other means whatever, the effect of assuaging pain, of modifying the course of diseases and of saving life. And all this I steadfastly believe.

The period of time which I have chosen for my retrospect—the last thirty-five years—pretty nearly bridges over the period from the time when the abstraction of blood was in vogue and doubtless carried to an excess, to the present when the opposite extreme has been reached, and bleeding in all its forms, has (alas! for the welfare of patients) been almost banished from our practice. Much has been said, by way of explaining or extenuating the change, about the type of disease, or the human

constitution having undergone an alteration ; or about our better physiological knowledge in recent times having taught us to look with wiser and better views upon the effects of abstraction of blood. I cannot enter here into the discussion of these questions ; suffice it to say that clear, certain demonstration of the former is still wanting, and that, in my opinion, the definite teaching of both physiology and pathology demonstrates most unmistakably the reasonableness, in certain cases, of withdrawing blood from parts turgid from inflammation or distended from congestion. I much fear that the result is rather due to an unreasoning reaction from the over-bleeding of former times, and to the weak tendency of the human mind to run in grooves, and to the weaker tendency still of people to do as others do, and to follow what has become the fashion, without halting to ask themselves seriously whether a thing be right or reasonable, just or true.

It is impossible to enter statistically into the proof of the decrease of blood-letting from the arm ; but every medical man who has practised for the last thirty or forty years, can tell that formerly it was a practice constantly used, and every one knows that now it is one of the rarest of remedies. Formerly there was no hospital without its Cupper, and he came every day to carry out the orders left by the physician or surgeon during the daily visits, and I doubt if now there be a cupper attached to any one of the London hospitals ; while the name

is now no more found in the *Post Office Directory*, than is that of the Dodo or the Ichthyosaurus.

With respect to blood-abstraction by leeches, it is much more possible to get at definite knowledge; and, by the courtesy of the secretaries of the great London hospitals, at all of which I have made inquiries, I have got some very curious and interesting information, which I have tabulated. (See Table II.) Taking round numbers in the several tenth years, from 1842 to 1882, the amount expended in leeches at St. George's was, £141, £38, £5, £2 14s., and £2 13s. 6d.; at University College, £27, £26, £10, £1 8s., and £1 17s.; at Westminster, £35, £25, £10, £2 11s., and 13s. 3d.; while at the London Hospital, in 1839, the leeches cost no less than £495, with a sudden drop in 1842 to £180, and in the successive tenth years, £34, £26, £5 10s., and £7 12s. The price of leeches of course varied, but roughly speaking they may be considered to have cost the hospitals about one penny each, so that the number used may be approximately calculated. As regards the hospitals I have, however, been kindly informed in some cases as to the actual number of leeches used. At St. George's they reached 21,800 in 1832, 19,600 in 1842, 4,050 in 1852, and 1,360, 500, and last year 754; at University College Hospital they were 8,000 in 1852, then 2,000, 300, and 400 in 1882. In St. Thomas's Hospital there were used in 1842, 21,000 leeches; 1852, 12,000; in 1862, 2,550; while in 1872 and 1882 respectively,



only 450 and 800 were employed. At St. Bartholomew's in 1832 the leeches used were no less than 97,300; in 1842, 48,100; in 1852, 27,300; in 1862, 6,200; and in 1872 and 1882 (with a somewhat larger number of beds) only 1,000 and 1,700 respectively. And the returns with which I have been favoured by leech importers and by the leading chemists of London, all tell the same tale: for instance, a most distinguished private firm tells me that the numbers sold by them every tenth year, from 1814 to 1864, were 1,023, 2,830, 2,982, 2,998, 1,430, and 214 in 1864; since then they have not thought it worth while to keep an account of their leech sale, and they believe that last year they only sold about fifty. And all this, remember, notwithstanding that the population of London has enormously augmented, that the beds in the hospitals have been very largely increased in number, and that the general business of the chemist has greatly extended.

I beg you will not for one moment think that I advocate a recurrence to the former almost indiscriminate use of bleeding, or of any of the remedies which I am bringing under your notice. I think, indeed, that it is mainly their former extravagant and injudicious employment which brought them into disrepute. But the abuse of a thing is no argument against its use. It is but a truism to state that in order to employ *any* remedy rightly, a clear and accurate diagnosis as to the true nature and



pathology of the case in which it is to be employed must first be made. This is the only sure foundation of any treatment whatever, and nothing can compensate for the want of knowledge, of diagnostic power, and of judiciousness in the selection of remedies, without being influenced by the caprice, the custom, and the fashion of the period; and if we bring these qualities to bear on our cases, we shall, if I mistake not, look with more favor than of late upon blood-letting in some of its forms, and find it to be one of our most potent means of combating some of the most serious conditions which we meet with in practice—a remedy of vast good when rightly used, and one to neglect which entirely is, I hold, to deprive your patients in certain cases of the only chance of recovery.

There is no doubt whatever that in former times, blood-letting being used too indiscriminately, harm was sometimes done. But the harmful effect of even repeated bleedings was much less than, judging the matter theoretically, could have been expected, or than, with the prejudices of the present day against the system, will be readily believed. In fact, numberless experiments, so to speak, were constantly being tried in order to show (or, at any rate, which *did* show) at least the immunity with which repeated blood-lettings could be borne. Persons were in the habit, especially in some parts of the country, of being bled year after year to considerable amounts; and not only were no injurious

effects observable, but the people (and, in such matters, their feelings count at least for something) declared that they felt better, were stronger, and worked better after the blood-lettings than before them. I think, therefore, we ought to pause before rushing to the conclusion that the disuse of bleeding in its various forms, has been the result of philosophically observed and well ascertained proofs of its injuriousness. I fear we must attribute the change of practice to causes far less creditable—to that oscillation from one extreme to the other in things medical, as well as in other things, to which I have a moment ago referred. Individual examples almost always produce a more definite and trenchant impression than do general statements; and I beg, therefore, to give you an illustration of what I am saying, which will, I am certain, interest you. As we are all friends here, let me introduce to you, gentlemen,—at least, to those of you who have not already the pleasure of his personal acquaintance—my good friend Mr. R. H., who has done me the honor of coming to hear what I have to say to-day. I am permitted to tell you that he has turned his threescore years and ten, and you see what a fine, handsome, and hale specimen of humanity he is! He is a good example, if not of the judiciousness of former practice, at any rate of the endurance of human beings under extensive and repeated bleedings, and (I need not say) of the survival of the fittest. After violent exertion in the early morning,

one day in the summer of 1829, he had a fit, and fell suddenly off his chair while at breakfast, exhibiting slight spasmodic action of the muscles during the day; for this he was that day bled three times (that is, the bandages were removed), and twenty-four leeches were applied; on the next day (Sunday) he was bled twice; on the Monday twice; on Tuesday once, with the addition of twelve leeches; and on the Thursday once. Soon after his recovery, he was sent to his home in the country, where, on September 18th, he was bled to thirty ounces; on the 19th, he had another bleeding and twelve leeches; and the blood-letting was repeated on the 20th and 21st. Thus he was bled nine times, and had thirty-six leeches applied within six days; then, a short time afterwards, he had four bleedings on four consecutive days, and twelve leeches. A month subsequently (in the October) he was sent down to the house of a surgeon in Essex, and there, in three successive days, was bled altogether four times and had twelve leeches. In March of the following year, 1830, he went to Edinburgh, and in the month of August he was again attacked under somewhat similar circumstances, with very similar symptoms, and, moreover, with absolutely similar treatment; for on the 30th he was bled twice, and once daily on each of the six following days; and, adds our friend, "during that year I was bled occasionally, but do not think I have been bled once since the commencement of 1831." Twenty-five bleedings

(without counting the “occasional” ones subsequently, or reckoning the four dozen leeches) in the short period I have named, testify to a wonderful promptness and “activity” of practice; and, whatever we may think of the treatment itself, the fact that our friend has since remained strong, vigorous and active, has enjoyed sport, and has gone through a long life of the fatigues of general practice—these things, I say, enforce what I stated a few moments ago, that blood-letting does not necessarily, even when used to extreme amounts, produce the “weakness,” the “debility,” or the “prostration” attributed to it without evidence by the timid doing-nothing views of the present day. I neither counsel, nor defend, nor approve of such wholesale blood-letting as that to which I have referred; but I earnestly beg you to take to heart the lesson which it helps to teach, and to see that the loss of blood does not of *necessity* produce injury, but may, as I am certain it does, in right cases, do immense good. Every one whom I address can, I doubt not, easily call to mind other proofs of the little permanent damage caused by, and of the remarkable and rapid way in which the system often recovers from, even very large losses of blood; for I suppose we have all seen cases of Hæmorrhage—uterine hæmorrhage for example—where the patients have been not only blanched but in fact placed in imminent danger of fatal syncope in consequence of the immense loss of blood, and yet where, after a com-



paratively short time, the rosy color of the cheeks has returned and the patient has become as strong and as hearty as ever.

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The names given to diseases convey, unfortunately, but a very small amount of information relative to their precise character, their gravity, and the treatment best suited to them; and in Pneumonia, for example, we have a disease which, according to its variety, the constitution of the patient, the stage at which we see it and its complications, may require most different, and apparently opposite, modes of treatment. But in the strong plethoric individual, where the attack comes on suddenly, where the breathing is intensely oppressed, the circulation greatly embarrassed, the pulse hard and full, I believe that a bleeding in the early stage is of high value. In some cases it appears to diminish the duration of the attack, and without a shadow of doubt it gives immense relief to the patient, whose breathing is thereby rendered comparatively free, the pulse becomes fuller and softer, and the pyrexia is diminished.

In very acute Pleurisy too, when occurring in similar subjects, the abstraction of blood is often speedily followed by immense relief to the dyspnœa, and to the agonising pain; and I have seen such relief occur, accompanied with the most grateful expressions from the patient, while yet the blood was flowing from the vein.



In these cases the abstraction of blood is founded, I believe, on true physiological principles, and it is often highly useful. But there is another class of cases in which the Right Heart is engorged with Blood, and in which the only hope of rescuing the patient from death is by bleeding. A man of middle age (I again draw from nature) has considerable chronic bronchitis, with some congestion of the lungs, and, like many other unwise persons, he goes to a southern watering place, instead of remaining in his room and in a uniform temperature. Becoming worse, he determines to return home, and travels on a cold spring day; his dyspnœa is so much worse on the journey, that his friend and the fellow-passengers doubt whether he will arrive home alive; and when his carriage meets him, it is with the greatest difficulty he is conveyed to his house, and got into his drawing room. You are at once sent for, the message being that the patient is dying, and when you arrive you find that that is the fact. He is sitting in a chair (to lie down is impossible for him), his face is blue and swollen, his lips purple, the eyes suffused and staring; his heavy gasping breathing you have only too distinctly heard and recognised as you ascended the stairs, and when you see him you find his chest heaving, and each short gasping inspiration followed by a long wheezing and moaning expiration; his lungs are full of moist, sonorous, and mucous and submucous rhonchi, and scarcely a trace of vesicular

respiration is to be heard; and he is pulseless. He looks to you beseechingly, and gasps out, in scarcely articulate words, that he is dying. This is but too true. Now, the treatment for such a condition at the present day is "to pour in stimulants" (though the patient can scarcely swallow). Brandy and water are given, and ammonia, and perhaps ether; then, if the patient live long enough to have them made, mustard poultices are applied to the chest, and to the calves, and to the feet, and the patient is fanned, and—the patient dies. Something has been done; but that which true pathology—and, indeed, common sense, unshackled by prejudice, custom and fashion—would dictate, has been left undone. Appearances have been saved, but not the patient's life.

The fact is, that here the danger lay in the right side of the heart being gorged with blood, so that it was impossible for its stretched and distended walls to contract and to propel forwards the thick and blackened blood. Oh, as you value your patient's life, as you value the blessed consciousness of being a minister who has done everything possible for his welfare, let me beg of you not to be contented with the futile treatment of to-day; relieve that poor oppressed distended heart, and all may be well! Open one of those veins which are, with every systole of the heart, tending to carry more and more blood to this already distended right ventricle, and all may yet be well with your patient!

Sometimes this blood-letting, in extreme cases, is no easy matter; it may be necessary, before you can effectually open the vein, to place the patient's arm in warm water, so as sufficiently to distend the vein; and even when the ligature has been efficiently applied, and the vein well opened, you may have to press, and squeeze, and rub upwards the arm before a drop of the thick and tarry blood will flow. But, when it *does* flow at length freely, oh, what a marvellous change may you see take place! —the breathing becomes quieter, deeper, and less noisy, the haggard face resumes the appearance of tranquillity, the blueness of the skin is replaced by a more natural tint, the pulse becomes more and more distinct, and, in a word, the choked up heart is set free. This is no fancy picture. Every word is simple truth, and I appeal for confirmation to the memory of every senior member present who recollects the experience of his earlier days, and who can also probably tell you that the after-progress of such cases was sometimes almost miraculously rapid, so that in a few days even the patients might become convalescent. The younger members of our Association lack not the courage to do right when they know what right is; and I trust that I shall live to see many of them put on record graphic results of a kind which I have been able only briefly to sketch out.

I must pass over other diseases and conditions in which some form of bleeding is useful, just

naming the General Plethoric Condition of the system about which we are sometimes consulted, and which has only threatened, but not as yet produced, any definite disease. I must pass these over, I say, to refer to a group of diseases in which this remedy is often of the highest good, if the symptoms be rightly interpreted, but in which, if they be wrongly read, bleeding will, to a certainty, aggravate the conditions, and yet in which the diagnosis is sometimes exceedingly difficult; I allude to the large class of Affections of the Head.

There is not a shadow of doubt that "coma, convulsions, and paralysis may all occur independently (as Dr. Todd says<sup>1</sup>) of hyperæmia or inflammation;" and if brain irritation be mistaken for an inflammatory condition of that organ, and blood be abstracted in consequence, no doubt a grave error will have been committed, and a grave injury done to the patient. And the same is the case if a congestive condition be ignored when it really exists; a grave injustice is done to the patient, and suffering is allowed to continue which in all conscience ought to have been removed. Quite recently, a patient of mine, in giving a history of his case, said that, for two consecutive years, he was subject to most distressing headaches, which were frequently so overwhelming, notwithstanding the supposed best treatment, as to render him quite incapable of attending to his business. At the end of that time,

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<sup>1</sup> *Clinical Lectures*, second edition, 1861, p. 322.



he was cupped at the nape of the neck freely; "and," said he, "from that day, and it is now eighteen years ago, I have never known what a headache is."

Nature, indeed, seems to me in this, as in some other things, occasionally to point out what is the best mode of relief; and I think she speaks in unmistakable language when, by a copious epistaxis, she efficiently relieves the congested turgid face, the beating temples, the dull heavy headache, the sleepiness, the confusion of thought and other symptoms, which, in a plethoric individual, betoken, if they are not relieved, serious danger, or perhaps an apoplectic attack. Let us not neglect her lesson!

But there are some cases which are on the very Border-land of Doubt, and concerning which those who are fully alive to the value of leeches may hesitate and differ. A girl aged fourteen—healthy, bright, but of somewhat nervous temperament—overworked herself with lessons at school, and with lessons at home, which she had no need to do. After being somewhat ailing for a few days, during which she made little or no complaint, but continued her school duties, she came home one afternoon, about the middle of November last, with extremely severe, oppressive, dull, heavy pain, occupying the whole head, but especially severe over the brows, and along a line corresponding with the base of the brain. The temperature was but slightly raised, but the pulse was notably quickened. She was

somewhat excited; grasped her head with her hands, and declared that it would burst. Yet there was no great throbbing of the temporal arteries; the eyes were not at all suffused; and the face was but little flushed. I looked upon the case as one of considerable cerebral congestion, rather passive than active, and certainly not acute, from over mental work, and the anxiety dependent upon a school-girl's desire to excel. She was put to bed; evaporating lotion was applied to the head, and salines and aperients were given. No improvement occurred, and the pain continued without the slightest intermission; and, therefore, a few days later (on November 17th), I ordered four or five leeches to one of the temples, but, unfortunately, only two of them took. A slight, but only slight, relief to the headache was given, but at any rate it was the first the girl had experienced. Seven days after, I applied four leeches to the other temple; these bled very freely, and from that time the patient lost the vertex headache, and she was able to leave her bed; but the pain along the base of the brain continued without a day's intermission. During the ensuing thirteen weeks, she was kept away from school and from all head work, and she was seen by three most distinguished Fellows of the College of Physicians, to each of whom the particulars of the case, and what had been done, were detailed; not one of them thought a further application of leeches desirable; they might have been all very well, they said, when

I prescribed them, but each one said he should not like to advise their further use. Bromide of potassium, and, subsequently, bromide of ammonium and several other remedies were ordered, and notably the frequent steeping of the arms and feet in hot mustard and water, besides other forms of counter-irritation. The plans were faithfully carried out for the thirteen long weeks which I have mentioned, and for all that long time was the headache absolutely persistent; whenever the girl was awake, there was her heavy headache. At the end of this time, I determined to act on and to carry out completely my own views. On February 17th, therefore, five leeches were again applied to one of the temples, and, some while after, the same number was repeated. The first of these applications gave the first relief the patient had to the coronet of pain which had so long been her persistent companion; but, though greatly relieved, it was not cured. The second of these applications (the fourth of the series) entirely removed it; and the girl, once more bright and cheerful, returned to school, and has not since been an hour absent from her duties.

It is precisely the passive condition of the congestion in this case—the absence, that is, of acute symptoms—and the further fact, that the girl was of anything rather than of a plethoric temperament, which gave force, and point, and interest to the plan of treatment which proved successful. Had the symptoms indicated any more acute action going on

within the encephalon, my excellent *confrères* would doubtless have concurred in the abstraction of blood, but nothing of that kind existed; and yet here, four times only, during the long period of continuous headache, did the girl get any notable relief; and, in each of the four times, it was after the application of leeches—the last of these occasions effecting a complete cure. I verily believe that, had I boldly carried out my own views earlier, much pain would have been prevented, and the duration of the disease would have been, some weeks before, cut short.

It is impossible for me, in this place, to attempt to discriminate in detail the various head-affections in which the abstraction of blood may be useful, nor may I even stop to enumerate them; all I can do is to draw a few broad outlines. I have just sketched a case of one form:—but did you ever see the flushed face, the wild and glistening eye, the knitted brow of simple acute Meningitis? Did you ever hear the piercing delirious cry ringing through the house, caused by the unutterable pain and agony of that disease? And have you seen, as a score of leeches have gradually drawn away the blood, a calm tranquillity gradually stealing over the face, and the drooping eyelids gently closing over the recently staring and throbbing eyeballs? Have you heard the wild cry, as the blood is being drawn from the burning brain, subsiding first into a gentle moan, and then into a series of still gentler sighs, ere the leeches have dropped off the temples? If



so, you have heard music far sweeter than musician ever dreamt of, and, standing at the bedside, you must have said, as I have done, "Thank God for His great blessing in having given us leeches!"

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Had time permitted I should like to have said something about the value of BLISTERS, either simple or with the addition of Savine Ointment Dressings; but you must at any rate allow me just to remind you of another of my friends greatly neglected of late—somewhat of a relation to one to which I have previously referred. In this case there is no question as to removing blood from the body; but we have in it—in DRY-CUPPING—one of the most rapid and powerful means of removing somewhat deep-seated congestions and hyperæmia, and of alleviating or curing certain pains and conditions which are far less efficiently treated by liniments, and by other forms of counter-irritation. In cases of head-congestion, with dull heavy pain and vertigo, where other remedies have failed, and where yet you do not think the abstraction of blood either desirable or requisite, dry-cupping to the nape of the neck will not unfrequently give great and immediate, but also permanent relief. The stitch of slight pleurisy is likewise relieved by it, and pleurodynia and certain allied pains; and especially sciatica. But its effect in some cases of lumbago is really striking. With that looseness of language which is, as I have said, so common

amongst us, one constantly hears lumbago spoken of as a "rheumatic" affection. Rheumatism may doubtless affect the lumbar muscles; but that ordinary attacks of lumbago, or the similar pains which affect the interscapular and other muscles, have anything to do with rheumatism properly so called, I beg to deny. It does not occur at all frequently, or specially, in those who suffer from true rheumatism; it often occurs in those who never had an attack of general rheumatism, or even a pain in a single joint; it is not associated with any derangement of the urinary secretion; its onslaught generally, and its cessation often, are utterly unlike those of rheumatism, for the latter usually comes on and ceases slowly, while the onset of lumbago is frequently instantaneous, as from an awkward position or strain, etc., and its termination is occasionally almost as rapid; and, finally, dry-cupping will sometimes cure lumbago as by magic, while it would have a sorry chance, I fear, against rheumatism. A man, for instance, previously feeling perfectly well, is seized, while pulling on his boot, with a pain, which grips him across the loins like the clutch of a tiger's paw; to stand up or to move one iota from his chair, becomes an instant impossibility; the pain, liniments and frictions and hot baths notwithstanding, may thenceforwards last, though modified, for days or more. Hot-ironing the part is an excellent remedy; but dry-cupping over the affected muscles sometimes achieves a miracle—

the patient can forthwith get up, march, and attend to his work.

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Gentlemen, I have finished. I have left unsaid many things I wished to say, and have said far more imperfectly than I intended many of the things to which I have alluded. I do not like to have to make apologies for shortcomings of this kind, because I hold that, whatever one undertakes, one ought to find time and opportunity to accomplish ; but I may be perhaps permitted to say that most important matters, altogether unexpected, and altogether beyond my control, have of late perforce occupied my time, especially during the past week or two, and I have not had even spare minutes to revise this address as I should have wished ; and I regret this the more, because the imperfections in my mode of bringing these subjects before you may have marred the impressions which I desired to produce. When the tide of opinion runs strongly in any given direction, it requires some moral courage to appear in public and boldly to oppose it, especially when that opinion is supported by men of profound thought and great power of mind. But deep conviction engenders boldness. I have survived the period when I was considered unorthodox in practising without giving, and in speaking and lecturing against the administration of, stimulants, in almost every form of disease, and in almost every case one met with. My convictions are not

less strong as regards the advantages to be derived from the right and judicious use of the remedies to which I have been referring, than they were with respect to the evil produced by the indiscriminate use of alcohol; and, entertaining vividly these convictions, I should be unworthy of the position with which you have honored me, if I had hesitated to express and to enforce them. It is for you, gentlemen, to consider the suggestions I have made; to cull out what may appear reasonable; to put them to the test of experience; to alter and modify your conclusions accordingly, and so to guide your practice: and if, as I trust, at least some slight modification of treatment may ensue from the words I have spoken here, tending to relieve pain, to shorten the course of disease, or perhaps to prolong life, I feel that, even when I have passed away, I may still be, in a sense, a fellow-worker with you in the cause of humanity: and once more I thank you most sincerely for having been given, by your kindness, the opportunity of expressing my views from the high and dignified position of your Presidential Chair.





TAB  
Metropolitan Clinical Hospitals : Cost

Year.	BARTHOLOMEW'S.					GUY'S.					LONDON.					MIDDLESEX.					
	Beds.	Beer.	Wine and Spirits.	Total.	* Milk.	Beds.	Beer.	Wine and Spirits.	Total.	Milk.	In-patients.	Beer.	Wine and Spirits.	Total.	Milk.	Beds.	Beer.	Wine and Spirits.	Total.	Milk.	Beds.
1832	500	£ 278	£ 234	£ 513	..	400	£ 1039	£ ..	£ ..	£ 228	2511	..	..	..	£ 406	..	£ 76	£ 235	£ 311	£ 269	200
1842	550	262	335	598	759	410	811	..	..	138	3300	..	..	..	411	..	210	172	382	327	317
1852	600	432	496	929	684	430	841	..	..	236	4246	..	..	..	426	..	251	215	400	335	325
1862	650	706	1231	1938	967	494	827	889	1716	459	4164	.	..	..	496	310	341	550	891	319	350
1872	670	752	1446	2198	1214	556	871	752	1623	841	5392	..	..	..	1370	310	512	413	925	510	353
1882	670	385	953	1339	2012	453	320	447	767	1488	7171	..	..	..	2427	310	322	353	675	1064	351

RE

*Charing Cross Hospital.*—No reply to enquiries.

*King's College Hospital.*—As Dr. Todd, whose writings had so much physician to this hospital, it would have been very inter  
The Secretary, however, writes, " I much regret I have  
For the sake of greater clearness, the cost in pounds al  
and pence also ; these being considered in making the to

Alcoholic Drinks and Milk Consumed.

GEORGE'S.			ST. MARY'S.					ST. THOMAS'S.					UNIV. COLLEGE.					WESTMINSTER.				
Wine and Spirits.	Total.	Milk.	Beds.	Beer.	Wine and Spirits.	Total.	Milk.	Beds.	Beer.	Wine and Spirits.	Total.	Milk.	Beds.	Beer.	Wine and Spirits.	Total.	Milk.	Beds.	Beer.	Wine and Spirits.	Total.	Milk.
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
337	709	301	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	87	99	48	147	126
200	581	337	..	..	..	..	..	..	..	..	..	..	130	148	64	213	151	136	148	94	242	90
210	786	269	50	165	130	295	162	..	..	380	..	531	140	163	103	266	103	140	160	208	368	110
557	1174	424	150	471	335	806	364	..	..	567	..	590	140	243	305	548	325	160	207	432	639	169
481	1076	686	165	364	609	973	298	..	..	845	..	982	160	245	390	636	388	147	176	367	543	300
608	1031	1073	200	228	329	557	716	..	..	756	..	1366	203	187	277	464	706	165	70	137	207	736
			This Hospital was founded in 1851.										This Hospital was not opened until Nov. 1st, 1834.									

ence in augmenting the employment of alcohol in disease, was  
g to obtain the statistics of alcohol used in it at different periods.  
the information you desire."  
is given, though the reports sent to me usually gave the shillings  
will account for two or three apparent discrepancies.

TABLE  
*Metropolitan Clinical*

Year.	BARTHOLOMEW'S.			Guy's.			LONDON.			MIDDLESEX.			S.
	Beds, No. of	Leeches.		Beds, No. of	Leeches.		In-patients, No. of	Leeches.		Beds, No. of	Leeches.		
		Number.	Cost.		Number.	Cost.		Number.	Cost.		Number.	Cost.	
1832	500	97,300	£ s. d. 237 17 0	400	..	£ s. d. ..	2511	..	£ s. d. 175 12 0	..	..	£ s. d. ..	200
1842	550	48,100	184 13 6	410	..	..	3300	..	495 12 0 (1839) 180 7 10	..	..	..	317
1852	600	27,300	139 19 6	430	..	27 16 9	4246	..	34 14 0	..	..	37 14 6	325
1862	650	6,200	17 2 0	494	..	5 18 0	4164	.	26 3 0	310	..	6 4 6	350
1872	670	1,000	3 16 0	556	..	1 12 0	5392	..	5 10 6	310	..	2 4 6	353
1882	670	1,700	5 19 0	453	..	2 9 0	7171	..	7 12 0	310	..	2 17 0	351

RE

*Charing Cross Hospital.*—No reply to enquiries  
*King's College Hospital.*—The Secretary writes; "I am quite unab  
but it is the case that within about the last year, three



# E II.

ospitals : Leeches used.

GEORGE'S.				ST. MARY'S.				ST. THOMAS'S.				UNIV. COLLEGE.				WESTMINSTER.			
Leeches.		Beds, No. of	Leeches.		Beds, No. of	Leeches.		Beds, No. of	Leeches.		Beds, No. of	Leeches.		Beds, No. of	Leeches.		Beds, No. of	Leeches.	
Cost.			Number.	Cost.		Number.	Cost.		Number.	Cost.		Number.	Cost.		Number.	Cost.		Number.	Cost.
£ s. d.				£ s. d.			£ s. d.					£ s. d.				£ s. d.			£ s. d.
112 10 0	..	..	..	..	..	..	..	..	..	..	..	..	..	87	..	38 12 0		..	
141 10 0	..	..	..	..	21,000	111 10 0	140	..	27 12 0	136	..	35 2 0		(1838)	..	95 2 3		..	
38 11 8	50	..	26 10 0	..	12,000	62 10 0	140	8,000	26 9 0	140	..	25 10 0		..	..	10 6 0		..	
5 4 0	150	..	17 16 10	..	2,550	10 4 0	140	2,000	9 18 0	160	..	2 11 0		..	..	0 13 3		..	
2 14 0	165	..	6 11 8	..	450	1 16 0	160	300	1 8 0	147	..			..	..			..	
2 13 6	200	..	2 9 6	..	800	3 4 0	203	400	1 17 0	165	..			..	..			..	
This Hospital was not opened until after 1842.								This Hospital was not opened until 1834.											

KS.

give you any statistics about the quantity of leeches used here ;  
 es as many have been used as in the previous year."



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